efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492135039937 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization HUMBOLDT COUNTY PUBLIC EMPLOYEES ☐ Address change AFSCME LOCAL 1684 94-1624642 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 840 F STREET ☐ Final return/terminated (707) 443-7371 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return EUREKA, CA 95501 F Group Exemption ☐ Application pending Number **▶** 1381 Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☐ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization \square Corporation \square Trust \square Association \square Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 137,001 4 4 1,068 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 38,979 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 177.048 10 10 Grants and similar amounts paid (list in Schedule O) 11,962 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 34,877 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 3,252 16 Other expenses (describe in Schedule O) 16 85,030 17 Total expenses. Add lines 10 through 16 17 135,121 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 41,927 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 208,303 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 250,230 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instruction: Check if the organization used Schedule	,	westion in this	Part II			
	Official in the organization assured believan	o to respond to any q	a control in this		eginning of year	· ·	(B) End of year
22 Cash. sa	vings, and investments		1	(A) D	208,303	22	250,135
	buildings				200,000	23	200/200
	sets (describe in Schedule O)					24	112,178
	sets				208,303	25	362,313
	ibilities (describe in Schedule O)		·. ·. · ·		200,000	26	112,083
	ets or fund balances (line 27 of column		i		208,303	_	250,230
Part III	Statement of Program Service	<u> </u>		ons for Pa		<u> </u>	Expenses
	Check if the organization used Schedule	•	-				quired for section 501(c)
ABOR UNIC	organization's primary exempt purpose? ON REPRESENTATION					org	and 501(c)(4) anizations, optional for ers)
measured by	organization's program service accompli v expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service					
2 8 See Addition	al Data Table						
·C	TE bloom a second	L			. □		
Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ ⊔	28a	
29						29a	
Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ ⊔		
30						30a	
Grants \$)	If this amoun	it includes foreign gran	its, check here		. ▶ □		
•	ogram services (describe in Schedule 0)		,			+	
	•						
Grants \$)		t includes foreign gran				31a	
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,					32	rtions for Part IV)
Pailtv	Check if the organization used Schedule						
	(a) Name and title	(b) Average	(c) Report		(d) Health bend		(e) Estimated amount
		hours per week devoted to position	compensa (Forms W-2)		benefit plans,		e of other compensation
		devoted to position	MISC) (if no		deferred compen		
			enter -0				
BRANDON S	ISK	5 00		0			
President							
IO WATTLE		1 00		0			
/ıce Presidei							
ALYTHIA NO	LAND	1 00		0			
Secretary							
OONNA BEC	KER	1 00		0			
Freasurer							
IOHN ROSA		1 00		0			
Director							
ANN BLACKV	VOOD	1 00		0			
Director							
GEOFFREY B	ARRETT	1 00		0			
Director							
DAN GERBEI	₹	1 00		0			
Director							
CECILE BARI	RETT	1 00		0			
Director							
	PSHAW-SMITH	1 00		0			
•							
Director							

	·			110
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			No
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed The organization's books are in care of DOEL BOLLINGER Telephone no	707) 4	43-737	
42 a		9550		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42 c		No
	If "Yes," enter the name of the foreign country			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
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.6 Did the or							Page ·
6 D.J.L.						Yes	No
	ganization engage, directly or indirects for public office? If "Yes," complete						
	ection 501(c)(3) organizations				46		No
All	section $501(c)(3)$ organizations	must answer quest	ions 47-49b and 52,	and complete the ta	bles for lu	nes 50	and 5:
Ch	eck if the organization used Schedule	O to respond to any q	uestion in this Part VI			 Yes	□ No
						1.03	
	ganization engage in lobbying activition gand activition place.		O1(h) election in effect		. 47		
Is the org	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	. 48		
_	ganization make any transfers to an e				49a		
	vas the related organization a section	,			49b		
	this table for the organization's five h	-	mployees (other than	officers directors truste	es and kev	employ	ees)
who each	received more than \$100,000 of com	pensation from the org	janization `If there is r	one, enter "None "			
(a) Nar	ne and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits contributions to emplo	yee of othe	timated er comp	
		devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation			
NE			,				
f Total nu	mber of other employees paid over \$3	100,000					
	this table for the organization's five h		ndependent contractors	who each received mor	re than \$10	0,000 o	f
compensa	ition from the organization. If there is	none, enter "None "					
	(-) N			(L) T	() (
	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	_
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	
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NE	(a) Name and business address of e		actor	(b) Type of service	(c) Comp	ensation	_
NE	(a) Name and business address of e		actor	(b) Type of service	(c) Compo	ensation	
		ach independent contr		(b) Type of service	(c) Comp	ensation	
	(a) Name and business address of e	ach independent contr		(b) Type of service	(c) Compo	ensation	
d Total nu	mber of other independent contractor	es each receiving over	\$100,000	st attach a			— — —
d Total nu	mber of other independent contractor	es each receiving over	\$100,000	st attach a			— —
Did the comple	mber of other independent contractor organization complete Schedule A? Noted Schedule A	es each receiving over	\$100,000	st attach a	· ► □ Ye	es	
d Total nu Did the comple ler penalties wiedge and I	mber of other independent contractor organization complete Schedule A? Noted Schedule A	es each receiving over	\$100,000	st attach a nedules and statements, is based on all informat	· ► □ Ye	es	
d Total nu Did the comple der penalties wiedge and lany knowled	mber of other independent contractor organization complete Schedule A? Noted Schedule A	es each receiving over	\$100,000	st attach a	· ► □ Ye	es	
Did the comple ler penalties wiedge and I any knowled in re	mber of other independent contractor organization complete Schedule A? Noted Schedule A	es each receiving over	\$100,000	st attach a	· ► □ Ye	es	
Did the comple er penalties wiedge and I any knowled	mber of other independent contractor organization complete Schedule A? Noted Schedule A	is each receiving over to the seach receiving over the seach r	\$100,000	st attach a nedules and statements, is based on all informat 2017-05-15 Date	• ► □ Ye and to the cion of whic	es	
Did the comple er penalties wiedge and I any knowled n re	mber of other independent contractor organization complete Schedule A? Noted Schedule A	es each receiving over	\$100,000	st attach a st attach a dedules and statements, is based on all informat 2017-05-15 Date	· ► □ Ye	es	
d Total nu Did the comple ler penalties wiedge and I any knowled Ty	mber of other independent contractor organization complete Schedule A? Noted Schedule A	s each receiving over: NOTE. All Section 501(\$100,000	st attach a dedules and statements, is based on all informations and statements. 2017-05-15 Date PT PO PT PT PT PT PT PT	• • Ye	es	
d Total nu Did the comple der penalties wiedge and I any knowled	mber of other independent contractor organization complete Schedule A? Noted Schedule A	s each receiving over: NOTE. All Section 501(\$100,000	st attach a st attach a nedules and statements, is based on all informat 2017-05-15 Date Check if self-employed	and to the tion of which	es	
d Total nu Did the comple ler penalties wiedge and I any knowled Ty	mber of other independent contractor organization complete Schedule A? Noted Schedule A	s each receiving over: NOTE. All Section 501(\$100,000	st attach a sedules and statements, is based on all informat 2017-05-15 Date Check if self-employed Firm's EIN	and to the tion of which	es	

Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 94-1624642

Name: HUMBOLDT COUNTY PUBLIC EMPLOYEES

AFSCME LOCAL 1684

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 50 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 CONTRACT NEGOTIA	TIONS, HANDLING MEMBER GRIEVANCES AND ORGANIZING NEW MEMBERS	28a	
(Grants \$)	If this amount includes foreign grants, check here 🕨 🗌		

efile GRAPH	I: 93492135039937			
SCHEDIII E O		Supplemental Information to Form 99	90 or 990-F7	OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		2016 Open to Public Inspection
Name of the organization HUMBOLDT COUNTY PUBLIC AFSCME LOCAL 1684			Employer iden 94-1624642	tification number
990 Schedul	e O, Su	pplemental Information		
Return Reference		Explanation		
Other Revenue 1	REIMB	FOR MEMBER PYMTS \$37480		

990 Schedule O, Supplemental Information Return Explanation Reference

Other RELIGIOUS OBJECTORS \$1033

Revenue 2

990 Schedule O, Supplemental Information Return Explanation Reference MISCELLANEOUS \$199 Revenue 3

Other

990 Schedule O, Supplemental Information Return Explanation Reference Other STRIKE FUND DONATIONS \$167 Revenue 4

990 Schedule O, Supplemental Information Return Explanation Reference Other INSURANCE ADMIN FEES \$100

Revenue 5

990 Schedule O, Supplemental Information

Return

Reference	
Payments to	Name AFSCME LOCAL 1684 PAC Address 840 E STREET SUITE 7 EUREKA, CA 95501 Purpose of payment DUES

Explanation

Affiliates 1 Amount \$6933

990 Schedule O, Supplemental Information

Return

Reference	·
D	News OFNEDAL LABOR COUNCIL LA divers 040 F CERFET OUTE 7 FUREIVA CA OFFOA LRIVER OF A FEBRUATE L

Explanation

Payments to Name CENTRAL LABOR COUNCIL | Address 840 E STREET SUITE 7 EUREKA, CA 95501 | Purpose of payment AFFILIATE |
Affiliates 2 Amount \$5029

990 Schedule O, Supplemental Information Return Explanation Reference Advertising and Promotion \$7346

Other Expenses 1001

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$1013
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference

Other PAYMENTS ON BEHALF OF MEMBERS \$29369
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other TRAVEL / CONVENTIONS \$21871

Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other MEETINGS \$8434 Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other DONATION \$6338 Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other MISCELLANEOUS \$5837
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other RENT/PARKING SPACES \$1410

Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference Other UTILITIES \$1217

Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other EDUCATION/TRAINING \$1019
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other Supplies \$400 Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 12 SURETY BOND \$342

990 Schedule O, Supplemental Information Return Explanation Reference

Other BANK FEES \$327 Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other DUES REFUNDS \$107
Expenses 14

Return Explanation

990 Schedule O, Supplemental Information

Reference

Other FUNDS IN ESCROW - Beginning \$0 FUNDS IN ESCROW - Ending \$112178 Assets 1

Return Explanation

990 Schedule O, Supplemental Information